

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -6 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J24487**

1. Corporation Name

Specialty Contractors of Tallahassee, Inc.

800041813608

10/12/04--01028--008 **608.75

2. Principal Office Address

444 F.A.M.U. Way

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32301

Country

USA

3. Mailing Office Address

444 F.A.M.U. Way

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32301

Country

USA

REINSTATEMENT

01-04

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-2712699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Walter H. Clark

Street Address (P.O. Box Number is Not Acceptable)

3608 N. Meridan Road

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Walter H. Clark, PRES

Date **10-6-04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------|
| P/T | Walter H. Clark | 444 FAMU Way | Tallahassee, FL 32301 |
| S | Deborah J. Clark | 444 FAMU Way | Tallahassee, FL 32301 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Walter H. Clark

WALTER H. CLARK, PRES

10-6-04

850-576-0169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)